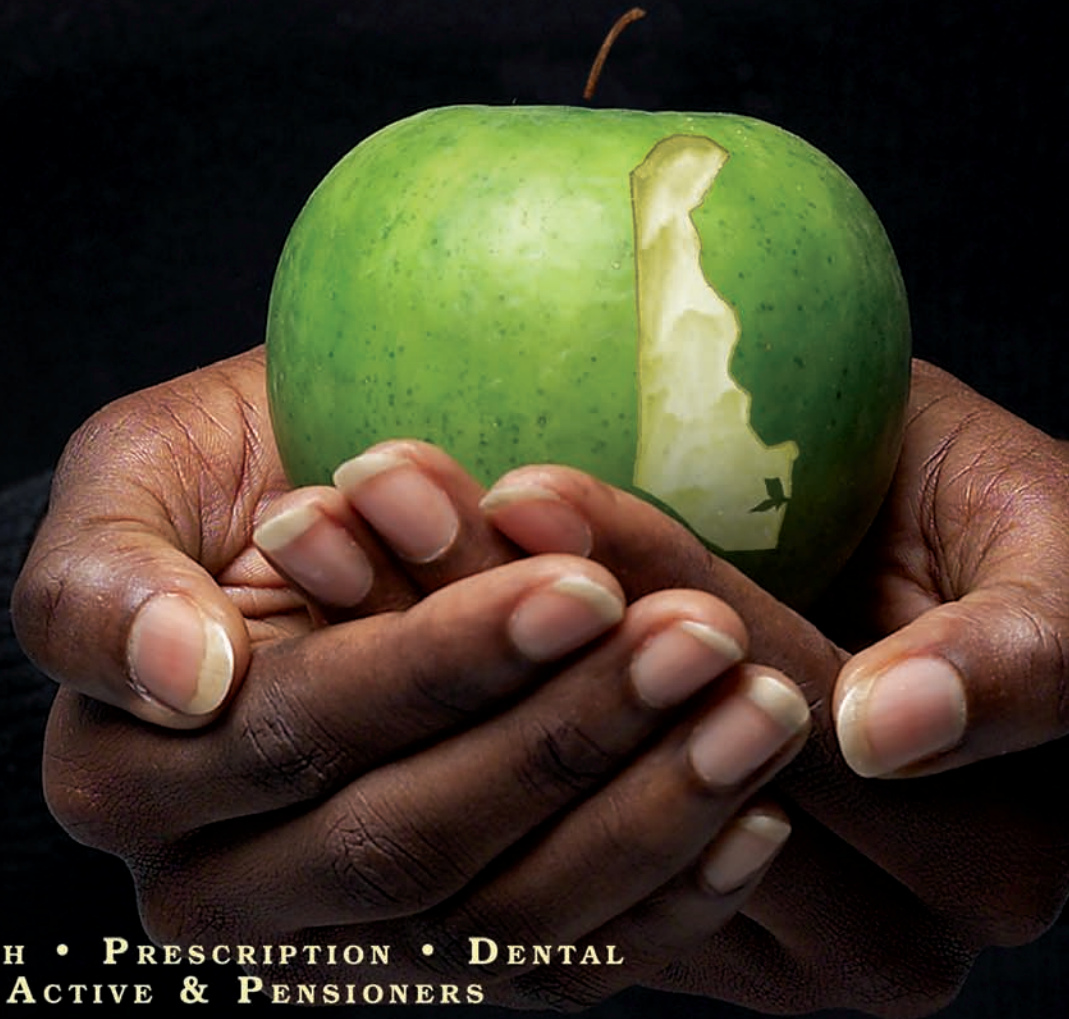




STATE *of* DELAWARE

OPEN ENROLLMENT

2006



HEALTH • PRESCRIPTION • DENTAL
ACTIVE & PENSIONERS



Action Checklist

All Open Enrollment Materials Must be Returned To Your Human Resources Office
By May 24, 2006

- ☒ Read all of the Open Enrollment materials. Determine if you want or need to make any change to your current plans.
- ☐ Attend one of the Statewide Benefit Health Fairs (see back cover for list).
- ☐ Review “Open Enrollment Frequently Asked Questions” section on the Statewide Benefits website at www.ben.omb.delaware.gov
- ☐ If enrolling in a managed care health or dental plan for the FIRST TIME, call your health or dental care provider’s office to ask if the provider participates in the new plan you want to choose and is accepting new patients. REMEMBER: you may not change plans if your provider decides not to participate in the plan during the year.
- ☐ Complete a new Spousal Coordination of Benefits form online at www.ben.omb.delaware.gov if you are an active employee, pensioner or non-State employee covered by the State’s health plan. It does not apply if you are a pensioner and your spouse is over 65 enrolled in a Medicare supplement plan. If you do not have Internet access, you may complete the form on page 22 and return it to your Human Resources Office for active employees or to the Pension Office for pensioners.
- ☐ If you are enrolling a spouse and/or other dependent(s) for the FIRST TIME with “Employee and Spouse” or “Family” coverage, you must supply a copy of your Marriage Certificate and/or Birth Certification to your organization’s Human Resources Office by May 24, 2006.
- ☐ If you are enrolling in the Blood Bank for the FIRST TIME, active state employees must enroll online and also complete the Blood Bank application available from your organization’s Human Resources Office or from the Statewide Benefits website at www.ben.omb.delaware.gov. The completed application must be returned to your Human Resources Office no later than May 24, 2006.
- ☐ Pensioners need to complete the Blood Bank application available from the Pension Office **only** if not currently enrolled in the Blood Bank.
- ☐ Active State employees must review the Confirmation Statement which will be mailed to the home address of each active benefit eligible State employee the week of May 30th. If your elections are correct, please keep the statement for your records. If an error has been made, make the necessary corrections on the Confirmation Statement and return it to your organization’s Human Resources Office by June 9, 2006. No changes will be accepted after June 9, 2006.

What you must do

If You Cover Your Spouse...

In one of the State of Delaware's Group Health Insurance medical plans, you must complete the Spousal Coordination of Benefits form on page 22 and turn in to your Human Resources Office no later than May 24, 2006 or complete the form online at www.ben.omb.delaware.gov. Failure to complete this form may result in a reduction in spousal benefits.

If You Have Questions

Go to www.ben.omb.delaware.gov for:

- Plan Booklets
- Spousal Coordination of Benefits Policy and Online Form
- Open Enrollment – Frequently Asked Questions (FAQs)

Active State Employees

If you are not making any changes and do not cover a spouse: **No Action is Required.**

If you are enrolling for the first time in health, dental or blood bank, or wish to change or cancel your current health, dental or blood bank coverage:

- Refer to the eBenefits Quick Reference Guide for complete logon and enrollment instructions.
- Contact your organization's Human Resources Office if you do not have access to a computer or with specific questions about your benefits or eligible dependents.

Pensioners

See Pages 8-13 for your options and what you must do

- Call the Open Enrollment Help Desk (800) 489-8933 from 8 a.m. to 6 p.m., Monday through Friday, or Saturday and Sunday, 9 a.m. to 1 p.m. during the Open Enrollment period if you have difficulty logging on, questions about the enrollment process, or have general benefits questions.

Non-State Groups

If you are not making any changes and do not cover a spouse: **No Action is Required.**

If you are enrolling for the first time in health or dental, or wish to change or cancel your current health or dental coverage, contact your Human Resources Office within your organization for forms to make CHANGES or to CANCEL current coverage.

Steps for Statewide Supplemental Benefits Enrollment

(Vision, Legal, Auto/Home, Pet Care, Long Term Care)

If you are an Active State Employee or Pensioner and would like to enroll in Statewide Supplemental Benefit Plans: Go to www.motivano.com. Click on Member Sign In. Username: **Delaware** Password: **Delaware05** OR call Motivano's Customer Care Team at (866) 664-4603 or the insurance companies directly (see toll-free numbers on back cover).





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If there is any conflict in interpretation between the contents of this booklet and the contract provisions and existing law pertaining to any of the enclosed benefit programs, contract provisions and existing law govern.

Introduction 2006 Benefits Open Enrollment

The State Employee Benefits Committee is pleased to present your 2006 annual benefits Open Enrollment information. The Open Enrollment period from May 8, 2006 through May 24, 2006 is your once-a-year opportunity to change your current health care or dental coverage, as well as your vision and legal coverage available through the Statewide Supplemental Benefit Plan offering.

The inside cover of this booklet contains a checklist to ensure you have taken all the necessary steps to enroll in new coverage or to change or waive your current coverage. This year, we encourage you to take a look at your current and future needs for health care and wellness.



MediGuide Second Opinion Program

We hope you never need a second opinion. Just in case, we've made it easier to get one. This NEW benefit is inclusive in your benefit program with NO ADDITIONAL COST to you.

MediGuide's Second Opinion Program, available on July 1, is a unique service provided through MediGuide America, an international leader in second opinion services. In case of a confirmed or suspected diagnosis with a broad range of serious medical conditions (primarily cancers), your treatment plan and your diagnosis can be evaluated by disease specialists at leading medical centers across the country.

Questions: Call MediGuide America directly at (800) 961-4843

New This Year for 2006

As of July 1, 2006—Important news about your State of Delaware Prescription Benefits.

medco®

Medco

The State of Delaware prescription drug benefit will be managed by Medco Health Solutions, Inc (Medco), beginning July 1, 2006. Medco, the nation's leading prescription drug benefit manager, looks forward to putting its clinical experience and state-of-the-art technology to work for you. Your Open Enrollment packet contains a brochure specific to Medco and the seamless transition they will provide for your maintenance medications as well as new prescriptions.

Medco has a large network of participating retail pharmacies throughout the United States and its territories.

Medco Member Services representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Pharmacists are also available around the clock for medication consultations. Medco's website, www.medco.com, offers extensive online resources, including health and benefit information and online pharmacy services.

In June, you will receive a Welcome Package that will contain a Prescription Drug Benefit Handbook along with your New Medco Pharmacy Identification Card and complete information on your pharmacy benefits.



Part I–Active Employee Health Plans

Choosing Your Health Plan

A Summary of Benefits and side-by-side comparison is located on pages 4 and 5.

A detailed Summary Plan Booklet may be viewed online at www.ben.omb.delaware.gov.

If you are changing your health plan, a new health ID card will be mailed to your home address.

Updated Coventry Health Care or Blue Cross Blue Shield Provider Directories are also available online (see website address on the back cover of this booklet, or if enrolling online a link is provided to the directory).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your, or your dependents, other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment

2006 HEALTH CARE RATES

New Rates Effective July 1, 2006	Total Monthly Rate	State Pays	Employee Pays Monthly
Blue Cross Blue Shield of Delaware			
Basic Plan:			
Employee	\$437.80	\$437.80	\$0
Employee & Spouse	\$898.78	\$898.78	\$0
Employee & Child(ren)	\$660.38	\$660.38	\$0
Family	\$1,123.42	\$1,123.42	\$0
First State Health Plan:			
Employee	\$443.12	\$437.80	\$5.32
Employee & Spouse	\$916.58	\$898.78	\$17.80
Employee & Child(ren)	\$673.42	\$660.38	\$13.04
Family	\$1,145.66	\$1,123.42	\$22.24
Comprehensive PPO Plan:			
Employee	\$486.40	\$437.80	\$48.60
Employee & Spouse	\$1,001.70	\$898.78	\$102.92
Employee & Child(ren)	\$742.50	\$660.38	\$82.12
Family	\$1,252.16	\$1,123.42	\$128.74
Blue Care®			
Employee	\$453.20	\$437.80	\$15.40
Employee & Spouse	\$946.48	\$898.78	\$47.70
Employee & Child(ren)	\$687.32	\$660.38	\$26.94
Family	\$1,182.26	\$1,123.42	\$57.84
Coventry Health Care of Delaware, Inc.			
Employee	\$458.50	\$437.80	\$20.70
Employee & Spouse	\$945.38	\$898.78	\$46.60
Employee & Child(ren)	\$697.76	\$660.38	\$37.38
Family	\$1,178.82	\$1,123.42	\$55.40

within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your agency's or organization's Human Resources Office.

A complete copy of the State's Group Health Insurance Program Eligibility Rules and Guidelines can be found at www.ben.omb.delaware.gov.

Employee Health Plan Descriptions

Blue Cross Blue Shield (BCBS) Basic Plan

This traditional health insurance program covers primarily hospital-related care and includes preventive care. Unless otherwise noted, all hospital services are paid at 100% of the allowable charges. The Basic Plan does not include prescription drug coverage.

Blue Cross Blue Shield First State Health Plan

This traditional health insurance program includes preventive services paid at 100% of Blue Cross Blue Shield of Delaware's allowable charge. Unless otherwise noted, all services are subject to \$400 per individual, \$600 per individual with children or \$800 per family calendar year deductible. Benefits are then paid at 80% of the allowable charge. The coinsurance limits (your 20% responsibility) are \$600 per individual, \$900 per individual with children, and \$1200 per family. Therefore your out-of-pocket maximum is \$1000 per individual, \$1500 per individual with children and \$2000 per family. When the out-of-pocket maximum is met, benefits are paid at 100% of Blue Cross Blue Shield of Delaware's allowable charge for the balance of the calendar year.

Blue Cross Blue Shield Comprehensive Preferred Provider Organization (PPO) Plan

This plan provides the freedom of choice that you experience with a Traditional Comprehensive Plan. When participants obtain services In-Network, they pay a small co-pay/coinsurance with no deductible, but they may also use an Out-of-Network provider to obtain benefits at a reduced level.

The plan provides an expansive national network of participating providers. If the member uses Out-of-Network providers, they must meet a \$300 per person/\$600 per family calendar year deductible unless otherwise noted. The out-of-pocket maximum is \$1,500 per person/\$3,000

(not including the deductible) per calendar year. The out-of-pocket maximum applies to medical services only. Co-payments for prescription medications are not applied to the out-of-pocket maximum.

Blue Cross Blue Shield Blue Care®

Blue Care® is Blue Cross Blue Shield's HMO-Managed Care plan in which each member selects a primary care physician (PCP) to coordinate his/her health care needs. Blue Care® members have access to the BCBS of Delaware provider network for covered services with a PCP referral and the BCBS nationwide network for emergency care. Blue Care® also includes coverage for services such as; outpatient, inpatient, prenatal and postnatal care, emergency, mental health care, lab, x-ray, vision, chiropractic and many others.

NOTE: Blue Cross Blue Shield of Delaware's allowable charges are based on the price BCBS determines is reasonable for care or services provided.

Coventry Health Care of Delaware

This Health Maintenance Organization (HMO) provides comprehensive benefits, through an extensive provider network. Health care benefits include inpatient, outpatient, preventative, chiropractic, podiatry, lab, x-ray, mental health and emergency care services as well as many others. Most primary care physician (PCP) referrals to specialists do NOT require prior authorization. Members have access to disease management programs, health risk assessment tools, and a user-friendly website.

Tip

Considering an HMO? Go to the Statewide Benefits, OMB website at www.ben.omb.delaware.gov, under Group Medical Plans, select carrier (Blue Cross or Coventry) and select Find a Health Care Provider to check on which health care professionals are on their approved providers lists.

Traditional Plans

This Summary of Benefits is intended as a highlight of the health plans available.
After your health plan selection, you will receive a Summary Plan Booklet at your home address.

Description of Benefit	Basic Plan	First State Health Plan Benefits Deductible \$400/\$600/\$800 Out-of-Pocket Max. \$1,000/\$1,500/\$2,000 Including deductible	Comprehensive Preferred Provider Organization (Comprehensive PPO Plan)	
			In-Network Benefits	Out-of-Network Benefits Deductible \$300/\$600 Out-of-Pocket Max. \$1,500/\$3,000 Not including deductible
In-patient Room & Board	100% 120 days	80% after deductible	\$100 copay/day with max. of \$200/adm.	80% after deductible
In-patient Physicians' and Surgeons' Services	80%	80% after deductible	100%	80% after deductible
Outpatient Services	100% for some services	80% after deductible	100%	80% after deductible
Prenatal and Postnatal Care	80%	80% after deductible	100%	80% after deductible
Delivery Fee	80%	80% after deductible	100%	80% after deductible
Hospice	100%	95%	100%	80% after deductible
Home Care Services	100% 240 days	80% 240 days	100% 240 days	80% after deductible 240 days
Emergency Services	Facility: 100%	Facility: 80% after deductible	\$125 copay (waived if admitted)	\$125 copay (waived if admitted)
	Physician: 80%	Physician: 80% after deductible	Physician: 100%	Physician: 80% after deductible
Mental Health Care				
Inpatient Acute	100% 60 days	50% 60 days, after separate deductible	100% 60 days (sub. to authorization & copays)	80% up to 60 days
Partial Hospitalization/Residential	100% up to 240 days	50% up to 240 days, after separate deductible	100% up to 120 days (subject to authorization)	80% up to 120 days
Outpatient	Not covered	50% after separate deductible	100% after \$25 copay (subject to authorization)	80% after deductible
Mental Health Care Substance Abuse Care (defined by Delaware Code, Title 18, Chapter 33 §3343)				
Inpatient Acute	100% up to 120 days	80% after deductible	\$100 copay/day with max. of \$200/adm.	80% up to 60 days (120 days for serious MH)
Outpatient	Not covered	80% after deductible	100% after \$25 copay (subject to authorization)	80% after deductible
Other Services				
Durable Medical Equipment	Not covered	80% after deductible	100%	80% after deductible
Skilled Nursing Facility	100% 120 days	80% after deductible 120 days	100% up to 120 days	80% after deductible up to 120 days
Emergency Ambulance	Not covered	80% after deductible	100%	100% no deductible
Physician Home/Office Visits (sick)	Not covered	80% after deductible	\$15 copay	80% after deductible
Specialist Care	Not covered	80% after deductible	\$25 copay	80% after deductible
Chiropractic Care	Not covered	80% after deductible	85%	80% after deductible
Allergy Testing/Allergy Treatment	Not covered	80% after deductible	\$25 copay/\$5 copay	80% after deductible
X-ray, Lab & other Diagnostic Services/Mammogram	Only x-rays covered-100% preferred provider	100% at Preferred Provider	Lab \$5 copay per visit X-ray \$15 copay per visit	80% after deductible
Short-Term Therapies: Physical, Speech, Occupational	Not covered	80% after deductible	85%	80% after deductible
Annual GYN Exam Pap Smear (lab)	100%	100%	\$15 copay \$5 copay	80% after deductible 80% after deductible
Periodic Physical Exams, Immunizations, Diabetes Education	100%	100%	100% after \$15 copay	80% after deductible
Vision Care	Not covered	Not covered	Not covered	Not covered
Hearing Tests, Health Education Programs	Not covered	Not covered	Not covered	Not covered

HMO Plans

This Summary of Benefits is intended as a highlight of the health plans available.
After your health plan selection, you will receive a Summary Plan Booklet at your home address.

Description of Benefit	Coventry	Blue Care®
In-patient Room & Board	\$100 copay/day with max. of \$200/hospitalization	\$100 copay/day with max. of \$200/hospitalization
In-patient Physicians' and Surgeons' Services	100%	100%
Outpatient Surgery – Doctor's Office	\$20 copay	\$20 copay
Outpatient Surgery – Ambulatory Center	\$30 copay	\$30 copay
Outpatient Surgery – OR Dept Hospital	\$75 copay	\$75 copay
Prenatal and Postnatal Care	100% after \$20 initial copay (In-patient room & board copays do apply to hospital deliveries)	100% after \$20 initial copay (In-patient room & board copays do apply to hospital deliveries)
Delivery Fee	100%	100%
Hospice	100%	100%
Home Care Services	100%	100%
Urgent Care Services	\$35 copay	\$35 copay
Emergency Room Services	\$135 copay (waived if admitted)	\$135 copay (waived if admitted)
Mental Health Care		
Inpatient Acute	80% / 30 days per calendar year	80% / 31 days per calendar year
Outpatient	\$20 copay per visit 30 visits per calendar year	\$20 copay per visit 20 visits per calendar year
Partial Hospitalization/Residential	80%	100%
Mental Health Care Substance Abuse Care (defined by Delaware Code, Title 18, Chapter 33 §3343)		
Inpatient Acute	\$100 copay/day with max. of \$200/hospitalization	\$100 copay/day with max. of \$200/hospitalization
Outpatient	\$20 copay per visit	\$20 copay per visit
Other Services		
Durable Medical Equipment	80%, limited to \$5,000 per member per calendar year	80%
Skilled Nursing Facility	100%	100%
Emergency Ambulance	\$50 copay	\$50 copay
Physician Home/Office Visits	\$10 copay per office visit \$25 copay per home visit	\$10 copay per office visit \$25 copay per home visit
Specialist Care/Chiropractic Care	\$20 copay per visit	\$20 copay per visit
Allergy Testing & Treatment	\$20 copay per visit - allergy testing \$5 copay per visit – allergy treatment	\$20 copay per visit - allergy testing \$5 copay per visit – allergy treatment
Lab, X-ray & other Diagnostic Services/ Mammogram	Lab - \$5 copay per visit X-ray - \$15 copay per visit	Lab - \$5 copay per visit X-ray - \$15 copay per visit
MRI's, CT scans, PT scans	\$25 copay per visit	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	80%, 60 consecutive days except for physical therapy. \$20 copay/Physical therapy/45 visits per condition	80%, 60 consecutive days except for physical therapy. Physical therapy/45 visits per condition
Annual GYN Exam Pap Smear (lab)	\$10 copay \$5 copay	\$10 copay \$5 copay
Periodic Physical Exams, Immunizations, Diabetes Education	\$10 copay per visit 100% Diabetes Education	\$10 copay per visit 100% Diabetes Education
Vision Care	100% after \$15 copay (one exam every 24 months)	100% after \$15 copay (one exam every 24 months)
Hearing Tests, Health Education Programs	100% after \$5 copay	100% after \$5 copay

Part II—Prescriptions

Prescription Coverage and 2006 Co-payments

About Your Prescription Coverage

When you enroll in a health care plan you will automatically be enrolled in the prescription drug plan (with the exception of the Blue Cross Basic Plan, as it does not include prescription coverage). The Coordination of Benefits policy also applies to prescription coverage. If your spouse or dependents have other health coverage that is primary (pays first), the prescription coverage provided through the State's plan for the spouse or dependents will become secondary.

Beginning July 1, 2006, the State of Delaware prescription drug benefit will be managed by Medco Health Solutions, Inc. (Medco). In June, you will receive a Welcome Kit in the mail that will contain a Prescription Drug Benefit Handbook along with your New Medco Pharmacy Identification Card. Medco, the nation's leading prescription drug benefit manager, looks forward to putting its clinical experience and state-of-the-art technology to work for you. Your Open Enrollment packet of information contains a brochure specific to Medco and the seamless transition they will provide for your maintenance medications as well as existing medication new prescriptions.

2006 PRESCRIPTION COPAY RATES

State of Delaware Prescription Coverage	Tier 1 Generic	Tier 2 Preferred	Tier 3 Non-Preferred
30-Day Supply	\$8.50	\$20.00	\$45.00
90-Day Supply	\$17.00	\$40.00	\$90.00

*No Changes to CoPays in 2006

"Preferred" = Formulary

medco[®]

Medco has a large network of participating retail pharmacies throughout the United States and its territories.

Medco Member Services representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Pharmacists are also available around the clock for medication consultations. Medco's website, www.medco.com, offers extensive online resources, including health and benefit information and online pharmacy services.



Part III–EAP/Blood Bank

Employee Assistance Program (EAP)

[NON-MEDICARE HEALTH PLANS ONLY]

Included with enrollment in any non-Medicare health plan are the services of the Employee Assistance Program, which offers face-to-face assessment and confidential counseling services to employees, pensioners and their dependents who are enrolled in a non-Medicare health insurance plan and offer confidential assistance in the following areas:

- Marital Relationships
- Family Issues
- Alcohol and Drug Abuse
- Child Care
- Parenting Issues
- Elder Care
- Productivity Problems
- Adolescent Issues
- Balancing Work and Family
- Financial Issues
- Stress Management
- Legal Issues
- Difficult Emotional Problems
- Grief and Loss

Your benefit includes an assessment and up to five visits for short-term therapy. Call HMS toll free at (800) 343-2186 or visit HMS online at www.hmsincorp.com to access EAP or Work/Life information. Only if your HMS professional refers you to another provider for continued assistance will you incur an out-of-pocket expense.

Blood Bank of Delmarva

The State of Delaware provides Blood Bank of Delmarva membership to full-time, permanent State employees and Pensioners as a paid benefit. Part-time employees pay an annual fee of \$5, which is deducted on the first pay of the calendar year or the first pay after enrolling in the Blood Bank.

Membership in the Blood Bank covers you, your spouse, and your dependents for any amount of blood needed. In return, the Blood Bank will ask that you “provide” a pint of blood about once every 22 months. You may donate in one of three ways: give the blood yourself; have a friend or loved one give for you; or pay the current cost of one pint of blood in our area.

Active State employees enrolling in the Blood Bank for the first time must enroll online and also complete the Blood Bank application available from your organization’s Human Resources Office or from the Statewide Benefits, OMB website at www.ben.omb.delaware.gov. The completed application must be returned to your Human Resources Office no later than May 24, 2006.

Pensioners need to complete the Blood Bank application available from the Pension Office only if not currently enrolled in the Blood Bank.

PLEASE NOTE: If your membership in the Blood Bank has been terminated due to non-fulfillment of your Blood Bank obligation, please contact the Blood Bank directly to discuss reinstatement. If you have any questions about the Blood Bank, please call toll-free at (888) 825-6638, or in New Castle County, (302) 737-8400.

HMS
SPECIALIZING IN EAP AND WORK/LIFE ISSUES
24 HOUR ASSISTANCE

800-343-2186
www.hmsincorp.com

What is HMS?
HMS is a 24-hour, integrated counseling and referral service specializing in Employee Assistance Programs (EAP) and Work/Life Issues.

What Does It Cost?
All services are prepaid by your employer.

User Name: Delaware
Password: statehms04
www.hmsincorp.com

Specialized Services Include:
Marital
Child care
Family/Parent
Financial
Parenting
Legal
Time Management

Please trim out card and keep in your wallet.

Part IV—Pensioner Health Care Coverage

Pensioners

If you are not making any changes and do not cover a spouse who is not enrolled in Medicare: **No Action is Required.**

If you are covering a spouse not enrolled in Medicare: You must complete the Spousal Coordination of Benefits form on page 22 and turn it into the Pension Office no later than May 24, 2006 or complete the form online at www.ben.omb.delaware.gov.

Covering a spouse over the age of 65 on a Medicare Supplement Plan: **No Action is Required.**

If you are not eligible for Medicare Parts A & B, see pages 4 & 5 for your Health Care Plans.

If you are enrolling for the first time in health, dental (see pages 9-15) or blood bank (see page 7), or wish to change or cancel your current health, dental or blood bank coverage:

- Contact the Pension Office at (302) 739-4208 or toll-free, (800) 722-7300 for the forms to make CHANGES, or to CANCEL current coverage.
- You must also contact the Pension Office if you, your spouse, or your dependents are **Medicare eligible and NOT ENROLLED in a Medicare supplement health plan.**

See pages 16-19 for Supplemental Benefits Plan Information.

Important Notice for Pensioners

Delaware Law mandates that you, your spouse, and eligible dependents, elect Medicare Parts A & B when eligible. To obtain Medicare eligibility information, please call the Social Security Administration office at (800) 772-1213. Please contact the Pension Office upon receipt of your Medicare card. Failure to elect will result in termination of coverage through the State of Delaware Group Health Insurance Program.

Information about Medicare Parts A, B and D

Part A Hospital Insurance - Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

Part B Medical Insurance - Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. As a State of Delaware pensioner you are eligible to enroll in a Medicare Part B Supplement Plan.

Part D Prescription Drug Coverage - If you are in the State's pension health plan, you already have prescription drug coverage that is at least as generous as the Medicare Part D private insurer plans that are offered. **You do not need to enroll in Medicare Part D.** In fact, if you do enroll in Medicare Part D, your prescription coverage through the State will be terminated. You may maintain your health coverage. Note: See "Notice of Creditable Coverage" on page 26.



Pensioner Health Care Coverage

Medicare Part B Supplement Plans

The following pages provide a Summary of Benefits for the various plans offered through the State of Delaware Group Health Insurance Program for Medicare participants.

Prescription Cards

Beginning July 1, 2006, the State of Delaware prescription drug benefit plan will be managed by Medco. You will receive a Welcome Kit and new pharmacy identification cards.

Updated Directories

Updated Provider Directories for Coventry Medwrap or Blue Care® Carveout programs are available online at www.ben.omb.delaware.gov or by contacting the insurance carrier.

Blood Bank

Pensioners need to complete the Blood Bank application available from the Pension Office only if not currently enrolled in the Blood Bank.

2006 PENSIONER HEALTH CARE RATES

New Rates Effective July 1, 2006	Total Monthly Rate	State Pays	Pensioner Pays Monthly
Medicare Supplements (for those eligible for Medicare)			
*Special Medicfill w/ Rx	\$339.00	\$339.00	\$0
*Special Medicfill w/o Rx	\$174.82	\$174.82	\$0
Blue Care® Carveout w/ Rx	\$298.92	\$298.92	\$0
Blue Care® Carveout w/o Rx	\$139.88	\$139.88	\$0
Coventry Medwrap w/ Rx	\$327.12	\$327.12	\$0
Coventry Medwrap w/o Rx	\$168.12	\$168.12	\$0
Blue Cross Blue Shield of Delaware			
Basic Plan:			
Employee	\$437.80	\$437.80	\$0
Employee & Spouse	\$898.78	\$898.78	\$0
Employee & Child(ren)	\$660.38	\$660.38	\$0
Family	\$1,123.42	\$1,123.42	\$0
First State Health Plan:			
Employee	\$443.12	\$437.80	\$5.32
Employee & Spouse	\$916.58	\$898.78	\$17.80
Employee & Child(ren)	\$673.42	\$660.38	\$13.04
Family	\$1,145.66	\$1,123.42	\$22.24
Comprehensive PPO Plan:			
Employee	\$486.40	\$437.80	\$48.60
Employee & Spouse	\$1,001.70	\$898.78	\$102.92
Employee & Child(ren)	\$742.50	\$660.38	\$82.12
Family	\$1,252.16	\$1,123.42	\$128.74
Blue Care®			
Employee	\$453.20	\$437.80	\$15.40
Employee & Spouse	\$946.48	\$898.78	\$47.70
Employee & Child(ren)	\$687.32	\$660.38	\$26.94
Family	\$1,181.26	\$1,123.42	\$57.84
Coventry Health Care of Delaware, Inc.			
Employee	\$458.50	\$437.80	\$20.70
Employee & Spouse	\$945.38	\$898.78	\$46.60
Employee & Child(ren)	\$697.76	\$660.38	\$37.38
Family	\$1,178.82	\$1,123.42	\$55.40

► It is the Pensioner's responsibility to advise the Pension Office of any family status change that affects their benefits and any discrepancies in the elections/deductions on their Pension Statement.

*Administered by Blue Cross Blue Shield

ELIGIBLE PENSIONERS HIRED BY THE STATE ON OR AFTER JULY 1, 1991

(Except those receiving a disability pension)

Including spousal coverage if elected.

The following portion of the "State Share" will be paid by the State.

Years of Service	% of the State Share*
less than 10 yrs	0%
10 yrs less than 15 yrs	50%
15 yrs less than 20 yrs	75%
20 yrs or more	100%

Pensioner Health Plan Descriptions

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Pension Office.

If You are Covering a Spouse under the age of 65 not enrolled in Medicare:

You must complete the Spousal Coordination of Benefits form on page 22 and turn it into the Pension Office no later than May 24, 2006 or complete the form online at www.ben.omb.delaware.gov.

Covering a spouse over the age of 65 on a Medicare Supplement Plan: **No Action is Required.**

Pensioner Health Plan Descriptions

Medicare

See pages 12 & 13 for the Summary of Benefit Highlights available to you from Medicare. For a complete description of your medical benefits under Medicare and any limitations on those benefits, consult Medicare Publications or the Centers for Medicare and Medicaid (CMS). More information can be found on the Internet at www.medicare.gov.



Pensioner Health Plan Descriptions

Special Medicfill

(Administered by Blue Cross Blue Shield of Delaware)
This plan supplements Medicare. Unless otherwise indicated on the Benefit Highlights pages included in this brochure, benefits will be paid as noted only after Medicare pays its full amount.

Blue Care® Carveout

(Administered by Blue Cross Blue Shield of Delaware)
This plan supplements Medicare; however, co-payments and coinsurance still apply. Payments are made based on the Blue Cross Blue Shield of Delaware allowable. If the Blue Cross allowable is greater than what Medicare paid, Blue Cross will pay the difference up to the Blue Cross benefit level of the service provided. If the Medicare payment is greater than the Blue Cross allowable, Blue Cross pays nothing. All payments are based on Medicare and Blue Cross allowable charges. If the service is a non-covered benefit with Medicare, you must follow Blue Care's® guidelines for coverage. A Blue Care® co-pay and/or coinsurance will apply.

NOTE: Blue Cross Blue Shield of Delaware's allowable charges are based on the price BCBS determines is reasonable for care or services provided.

Coventry Medwrap

(Administered by Coventry Health Care of Delaware)
This is a supplemental plan for Medicare beneficiaries. Coventry Health Care will coordinate benefits with Medicare for COVERED services. Coventry's secondary payment will be adjusted so that combined payments will be no more than 100% of Medicare's allowable amount. This secondary payment includes coverage of deductibles, copayments, and coinsurance. If the service you receive is a non-covered benefit with Medicare, you must follow Coventry's guidelines for coverage. A Coventry co-pay and/or coinsurance will apply.

Each of the Medicare secondary plans described are available without prescription coverage, if you or your spouse have enrolled in a Medicare Part D prescription plan.

Pensioner Enrollment Forms Should Be Sent To

State of Delaware, Office of Pensions
McArdle Building
860 Silver Lake Blvd., Suite 1
Dover, DE 19904-2402
(302) 739-4208 or (800) 722-7300



Pensioner Plans and Benefits

This Summary of Benefits is intended as a highlight of the health plans available. After your health plan selection, you will receive an updated Summary Plan Booklet at your home address.

Description of Benefits	Medicare	Special Medicfill	Blue Care® Carveout	Coventry Medwrap
Inpatient Hospital				
Days 1-60	Pays all but the Part A deductible	Covers the Part A deductible	Covers the Part A deductible	Covers the Part A deductible
Days 61-90	Pays all but a specified dollar amount of coinsurance per day	Covers the specified dollar amount of coinsurance	Covers the Part A deductible	Covers the Part A deductible
Days 91-150	Pays nothing*	Covers care in a general hospital (except mental & nervous). These days may be used before Medicare's 60 lifetimes reserve days. Covers coinsurance amount	100% of Blue Cross allowable, subject to medical necessity review by Blue Cross	100%, subject to medical necessity review by Coventry
Days 151-365	Pays nothing			
Hospice	Pays part of the cost for inpatient respite care, and you must receive care from a Medicare certified hospice	Balances paid up to the Medicare reasonable charge**	Balance after Medicare would be paid up to the Blue Cross allowable	Balances paid up to the Medicare reasonable charge**
Emergency Services	80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**	Balance after Medicare paid up to the Blue Cross allowable minus \$75 copay	Covers Part B deductible and 20% of the reasonable charges**
Prosthetics and Durable Medical Equipment	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**	Balance after Medicare paid up to 80% of the Blue Cross allowable charges**	Covers Part B deductible and 20% of the reasonable charges** limited to \$5,000 per member per calendar year
Physician Home & Office Visits	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**	\$10 per office visit \$25 per home visit	Covers Part B deductible and 20% of the reasonable charges**
Specialist Care/Chiropractic Care	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**	\$20 per visit	Covers Part B deductible and 20% of the reasonable charges**
Emergency Ambulance	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**	\$50 per visit	Covers Part B deductible and 20% of the reasonable charges**

* Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

** Reasonable Charge means the amount approved by the Medicare Carrier as the allowable charge for reimbursement under the Medicare Program.

Pensioner Plans and Benefits

This Summary of Benefits is intended as a highlight of the health plans available. After your health plan selection, you will receive an updated Summary Plan Booklet at your home address.

Description of Benefits	Medicare	Special Medicfill	Blue Care® Carveout	Coventry Medwrap
X-Ray, Lab and other Diagnostic Services, Radiation Therapy	Covers 80% of the reasonable charges,** after the Part B deductible	Covers the Part B deductible and 20% of the reasonable charges**	100% of Blue Cross allowable charges minus applicable copay for certain services	Covers the Part B deductible and 20% of reasonable charges**
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	Covers 80% of the reasonable charges,** after the Part B deductible	Covers the Part B deductible and 20% of the reasonable charges**	80%, 60 consecutive days except for physical therapy; physical therapy, 45 visits per condition	Covers the Part B deductible and 20% of reasonable charges,** 60 consecutive days except for physical therapy 45 visits per condition.
Routine GYN exam, Pap Smear, Mammogram	Covers 80% of the reasonable charges** for routine GYN exam and mammogram. You pay \$0 for Pap smear once every 3 years, annually if high risk. Mammogram based on age guidelines	Covers 20% of the reasonable charges** One routine exam and Pap smear is covered in a 12-month period. Mammogram for age 40 and above covered at 100%	\$10 copay per visit, PCP or GYN Specialist	Covers the Part B deductible and 20% of reasonable charges**
Prostate Cancer Screening Exams (age 50 & over)	Covers 100% for approved lab services. Covers 80% of the reasonable charges** for other related services after the Part B deductible	Covers the Part B deductible and 20% of reasonable charges**	Covers balance after Medicare up to Blue Cross allowable, subject to copay dependent upon where service is provided	Covers the Part B deductible and 20% of reasonable charges**
Periodic Physical Exams	You pay 100% for routine physical exams	Coverage at 100% of Blue Cross allowable, based on age guidelines published by American Medical Association	Coverage at 100% of Blue Cross allowable, based on age guidelines published by American Medical Association	\$10 copay per visit with PCP. Paid at Coventry allowable charge, based on age guidelines published by American Medical Association
Flu & Pneumococcal, Pneumonia Vaccines	Covers 100% of reasonable charges.** Pneumonia – check with physician for frequency. Flu – once per year	Pneumonia —once at age 65 and up. Flu—once per calendar year for age 65 and over	Pneumonia —once at age 65 and up. Flu—once per calendar year for age 65 and over	Pneumonia —once at age 65 and up. Flu—once per calendar year for age 65 and over
Routine Vision Care	Not Covered	Not Covered	\$15 copay per visit; one exam every 24 months	\$15 copay per visit; one exam every 24 months

* Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

** Reasonable Charge means the amount approved by the Medicare Carrier as the allowable charge for reimbursement under the Medicare Program.

Part V–Dental Care

Dental Care

United Concordia Companies, Inc. and Dominion Dental Services, Inc. will continue to insure and administer the dental programs for the State of Delaware. Updated provider directories are available online (see website addresses on the back cover of this booklet or if enrolling online a link is provided to the directory.) See back cover for phone numbers.

Dominion Dental Services, Inc. Dental Plan 505XS

This HMO dental plan emphasizes prevention and early detection of dental problems. You must use a participating dentist to receive benefits. Oral examinations, routine semiannual cleanings, bitewing X-rays or topical fluoride are covered at 100% after the \$10 office visit co-pay. These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children. You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 70% lower than usual and customary charges. Specialty care is also provided.



United Concordia– Your Choice of Three Plans

Dental Health Maintenance Organization (DHMO)

An in-network only plan, with a comprehensive, fixed co-payment fee schedule, no deductibles, no claim forms and no maximum dollar limits on coverage. Patients are restricted to using provider(s) within the Concordia Plus network. Referrals are required for specialty services.

Preferred Provider Organization (PPO)

A more traditional coverage with deductibles, and a percentage of the charges paid by the insurer. Payments vary by service and are based on the insurer's schedule of Maximum Allowable Charges. Reimbursement maximums apply. Balance-billing is not allowed when a dentist participating in United Concordia Advantage Plus Network provides services. When utilizing non-participating providers, members may be balance-billed, a claim is required for reimbursement and members may be required to pay the full charges at time of service. Members may self-refer to specialists. Participating DHMO and PPO providers are limited in Delaware. Members may utilize network providers in surrounding states. Before making your selection, check the location of providers to make sure they fit your needs.

Indemnity

A traditional non-network plan, allowing choice of provider. Deductibles apply, and a percentage of the charges are paid based on the insurer's schedule of Maximum Allowable Charges. Reimbursement maximums apply. Members may be balance-billed, a claim is required for reimbursement, and members may be required to pay the full charges at time of service. Reimbursements tend to be higher than those in the PPO plan, resulting in lower balance-billing/out-of-pocket costs.

Dental Coverage Rates

2006 DENTAL COVERAGE RATES

	Total Monthly Rate	State Pays	Employee Pays Monthly
Dominion Dental			
Dental Health Plus:			
Employee	\$20.36	\$0	\$20.36
Employee & Spouse	\$34.10	\$0	\$34.10
Employee & Child(ren)	\$41.30	\$0	\$41.30
Family	\$48.50	\$0	\$48.50
United Concordia Companies			
Dental HMO:			
Employee	\$21.26	\$0	\$21.26
Employee & Spouse	\$42.46	\$0	\$42.46
Employee & Child(ren)	\$39.74	\$0	\$39.74
Family	\$65.26	\$0	\$65.26
Dental PPO:			
Employee	\$22.98	\$0	\$22.98
Employee & Spouse	\$46.90	\$0	\$46.90
Employee & Child(ren)	\$46.04	\$0	\$46.04
Family	\$76.82	\$0	\$76.82
Dental Indemnity:			
Employee	\$31.98	\$0	\$31.98
Employee & Spouse	\$64.48	\$0	\$64.48
Employee & Child(ren)	\$64.02	\$0	\$64.02
Family	\$106.26	\$0	\$106.26

Remember

Enrollment in any of these dental plans is a binding election until next year's open enrollment. If you are enrolling in a managed care plan – Dominion Dental or United Concordia HMO, be sure you choose a participating dentist to service your dental needs. You will not be able to drop these plans if your dentist decides not to participate during the plan year; you will be given the opportunity to choose another participating dentist. Call before enrolling to be sure the dentist is accepting new patients.








PART VI—Statewide Supplemental Benefits Plan

Statewide Supplemental Benefit Plans

These plans are available to all active benefit eligible State Employees and pensioners receiving a pension check. Long Term Care and Auto/Home are also available to extended family members. See individual plan information. If you are already enrolled in any of these plans, your enrollment will continue unless you take action to terminate your enrollment.

- Vision Insurance through VSP— You must enroll May 8, 2006, through May 24, 2006 to be covered for plan year – July 1, 2006 through July 1, 2007— to be covered for the first time.
- Legal Insurance Plan through ARAG - You must enroll May 8, 2006, through May 24, 2006 to be covered for plan year – July 1, 2006 through July 1, 2007— to be covered for the first time.
- Auto/Home Insurance through Liberty Mutual – Enrollment open yearlong
- Pet Care Insurance through PetCare® – Enrollment open yearlong
- Long Term Care Insurance through John Hancock – Enrollment open after initial eligibility period with proof of insurability

If you have access to the Internet, go to www.motivano.com. Click on Member Sign In. Username: Delaware Password: Delaware05 . Or call Motivano's Customer Care Team at (866) 664-4603 or the insurance companies directly (see toll-free numbers on back cover).

INSURANCE COMPAY	BENEFITS OFFERING	TOLL-FREE NUMBER	PAYMENT OPTIONS
	Auto and Home Insurance	(800) 730.6901	<ul style="list-style-type: none"> ■ Payroll deduction ■ Direct Bill ■ Automatic transfer from your personal checking or savings account
	Long-Term Care Insurance	(800) 432.9724	<ul style="list-style-type: none"> ■ Payroll deduction
	Legal Services	(800) 247.4184	<ul style="list-style-type: none"> ■ Payroll deduction
	Vision Insurance	(800) 877.7195	<ul style="list-style-type: none"> ■ Payroll deduction
	Pet Insurance	(866) 275.7387	<ul style="list-style-type: none"> ■ Payroll deduction ■ Direct payment from your banking or credit card account

Love your eyes? Sign up for VSP.
You only want the best for your eyes and VSP can keep them healthy.

Eyecare is important. No one would argue that. Good health and clear vision don't just happen. You need annual eye exams from an eye doctor you can trust, new prescription glasses or contacts and a continuous program to catch and treat problems before they become serious health issues. With VSP coverage, you'll keep your eyes healthy. Plus, you'll get great savings on glasses and contacts and discounts on laser vision correction.



Statewide Supplemental Benefits Plan

Your Coverage from a VSP Doctor

- **Exam covered in full, less copayevery 12 months**
- **Prescription Glasses**

Lenses covered in full, less copayevery 12 months

- Single vision, lined bifocal, lined trifocal lenses.
- Polycarbonate lenses for dependent children.

Frame, less copay every 12 months

- Frame of your choice covered up to \$120.
- Plus 20% off any out-of-pocket costs.

~OR~

- **Contact Lens Care every 12 months**

When you choose contacts instead of glasses, your \$105 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation).

This exam is in addition to your vision exam to ensure proper fit of contacts.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Your CoPays

Exam.....	\$10
Prescription Glasses	\$20
Contacts.....	No Copay Applies

Your Contribution

Employee Only.....	\$ 8.38/month
Employee & Spouse	\$13.20/month
Employee & Child(ren).....	\$13.48/month
Employee & Family	\$21.74/month

After enrolling, your monthly contribution is required for one year. Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save. Sign up for VSP — you'll like what you see! Your enrollment form (see page 27) must be faxed or postmarked no later than May 24, 2006. Your coverage starts July 1, 2006. After that date, visit www.motivano.com/delaware/welcome.asp to download your Evidence of Coverage. For more information about VSP, visit www.vsp.com/go/stateofdelaware or call (800) 877-7195.



Legal Insurance Plan

Legal matters can be expensive — in fact, the average hourly rate for hiring an attorney is \$240 per hour*. As an UltimateAdvisor® plan member, you have the professional legal help you need to protect yourself from legal difficulties.

Often times, legal issues are ignored because individuals don't know where to turn for help. As a member, you have access to a Telephone Network Attorney who can answer your questions and help you determine a course of action. You can contact a Telephone Network Attorney as often as you need to. If your matter does require an in-office visit, you can meet with an In-Office Network Attorney and for most covered matters, never receive a bill for attorney fees.

As an active benefit eligible State employee or pensioner, you may enroll during this open enrollment period and rest a little easier knowing you've taken an important step in protecting your rights and assets.

Your Contribution

Employee Only.....	\$17.36/month
Family.....	\$21.48/month

*Law Firm Economic Study, Altman Weil Publications, 2004 which states the average attorney rate is \$240 per hour.

Call ARAG® with Questions .about this benefit. Information can be found at <http://members.ARAGgroup.com/Delaware>, or, call a Customer Care Counselor directly at (800) 247-4184.

Statewide Supplemental Benefits Plan

Voluntary Auto & Homeowners Insurance Program Liberty Mutual Group Savings Plus® Plan

State of Delaware employees and retirees qualify for auto, home and tenants insurance discounts through Liberty Mutual's Group Savings Plus® program.

You could receive a discount of up to 10%** off Liberty Mutual's auto and home insurance rates. This is possible through Group Savings Plus® – a program that provides an exclusive group discount to employees.

With Group Savings Plus®, you'll enjoy:

- Rates guaranteed for 12 months, not six as offered from some other companies
- Convenient payment plans, including payroll deduction, automatic checking account deduction or direct billing at home
- Additional savings may apply based on your age, college education, driving experience and auto equipment (such as anti-lock brakes and airbags).
- Round-the-clock claims service
- 24-Hour Emergency Roadside Assistance

- Optional Identity Fraud coverage
- Expense Coverage for homeowners insurance
- Personalized service and special savings from a company that has been helping people live safer, more secure lives since 1912

*Average savings based on data compiled as of April 2005. **Discounts and credits are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applications may qualify. ***Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston, MA or through Cross Country Motor Club of California, Inc., Boston, MA.

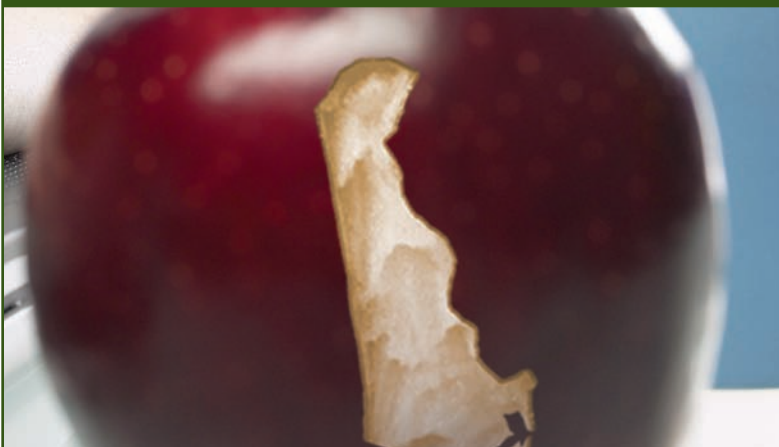
A consumer report from a consumer-reporting agency and/or motor vehicle report, on all drivers listed on your policy may be obtained where state laws and regulations allow. Contact Liberty Mutual directly with questions.

Coverage provided underwritten by Liberty Mutual Insurance Company and its affiliates.

Enroll Now! Here's How....

- Meet with Liberty Mutual at an upcoming Health Fair in May
- Call Liberty Mutual today at (800) 835-0894
- Visit Liberty Mutual online at www.libertymutual.com/lm/delaware
Please mention client #110361 when you contact Liberty Mutual.

Note: You may enroll in this benefit at ANY time during the year!



Statewide Supplemental Benefits Plan

Pet Care Insurance Through PetCare®

Don't forget about the medical needs of your four-legged friends. One in three pets will need emergency veterinary treatment each year. PetCare pet insurance programs offer you the most flexible, affordable way to eliminate the financial stress of paying for your pet's unexpected medical costs. Enjoy a 10% group discount.

Enroll online at www.covermewithcare.com

1. Click on "Employee Using Corporate Benefits Plan"
2. Enter the promotion code for your method of payment:
 - Payroll deduction: br987-276
 - Direct payment from your banking or credit card account: br987-277

Call to enroll or learn about additional pet care plans at (866) 275-PETS (7387)



Quick Care Gold Plan Contribution Monthly Premium

	100% Coverage	70% Coverage
Cat	\$20.65	\$14.17
Dog	\$32.35	\$17.95
Select Breed Dog	\$41.35	\$24.25

Open Enrollment 2006



Long-Term Care Insurance

Long-term Care Insurance is a benefit offered through John Hancock that can help you protect your financial resources and provide peace of mind to you and your family, should you or a family member need care. This plan is designed to offer access to affordable coverage that will provide benefits for most long-term care expenses.

This important benefit is available to benefit eligible active State employees and pensioners receiving a pension check, and their eligible family members. Newly hired eligible or newly eligible employees applying within 90 days of first becoming eligible for benefits will have guaranteed acceptance regardless of their health status. All other applicants must provide proof of good health when applying at any time. Long-term care insurance premiums are based on your actual age on your effective date of coverage.

Call John Hancock's Customer Service at (800) 432-9724 or visit our web site, dedicated to the State of Delaware, at <http://delaware.jhancock.com> (username: delaware; password: delaware05) if you have any questions or would like to request an enrollment kit. The web site and the enrollment kit include details about plan provisions and exclusions, as well as applications and premiums rates.

PART VII—Other Statewide Benefit Programs for Active Employees

Group Life Insurance Program

Group Universal Life (GUL), Dependent Life and Accidental Death & Dismemberment Coverage
(Available to Active Employees Only)

The Group Universal Life Insurance program, underwritten by Minnesota Life, combines life insurance protection with the ability to accumulate cash value on a tax-advantaged basis. It is also designed to follow employees through their careers and life changes.

There is no open enrollment period for life insurance. Eligible State of Delaware employees can apply anytime after their initial enrollment period by providing proof of good health and can change their current elections by contacting Minnesota Life at (877) 215-1489. Rates vary based on age and coverage elections.

Please log onto State wide Benefits, OMB website at www.ben.omb.delaware.gov for additional information and age bracketed rates.

Flexible Spending Account

(Available to Active Employees Only)

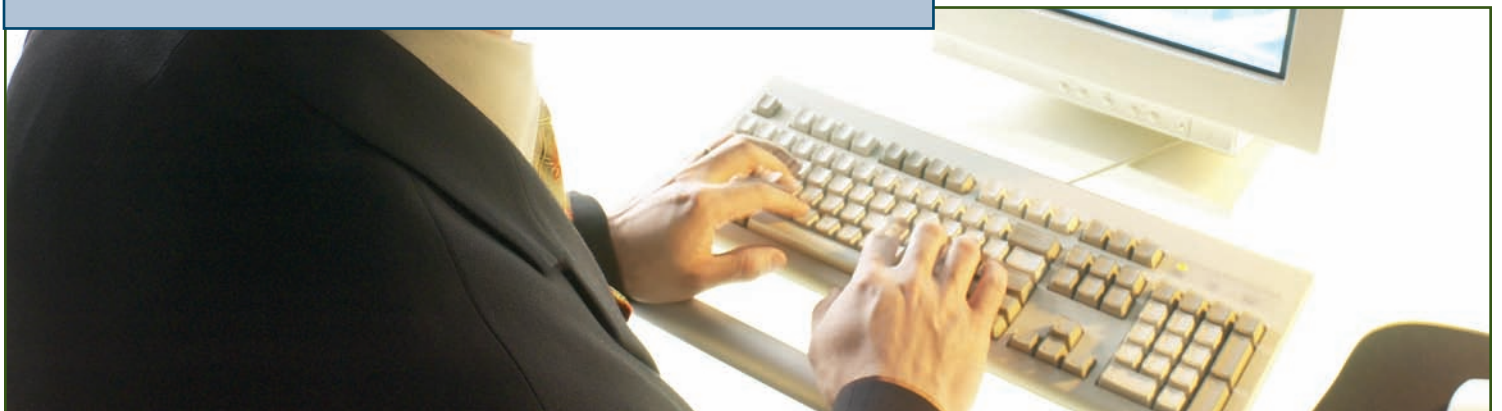
Must re-enroll each year during Open Enrollment in the fall of each year. The Flexible Spending Account (FSA) is an employer-sponsored plan that allows active state employees to have dollars deducted from their pay and placed into a special account protected from taxes, in accordance with the Internal Revenue Code. The more dollars an employee designates, the more taxes are avoided. You can use your FSA health care account to be reimbursed for services related to health care. Some examples include co-pays, doctor's fees, dental expenses, vision care, prescription glasses, prescription drugs, etc. The FSA dependent care account enables employees to be reimbursed for dependent care (day care) expenses incurred so the employee may work.

Employees must enroll when newly hired, upon experiencing a qualifying event, and re-enroll online each calendar year during open enrollment in the fall of each year. Employees may participate in the Health Care account with elections ranging from \$50.00 to \$3,000.00, and the Dependent Care account with elections ranging from \$50.00 to \$5,000.00.

All program information may be obtained at www.ben.omb.delaware.gov or by contacting the Statewide Benefits Unit, Office of Management & Budget at (302) 739-8331.

2006 MINNESOTA LIFE INSURANCE RATES

Dependent Coverage as of July 1, 2006	Spouse	Child(ren)	Spouse and Child(ren)
Monthly Cost	\$2.00	\$.75	\$2.75
Option	\$10,000	\$6,000	\$10,000 per spouse /\$6,000 per child



Part VIII—Final Considerations

Are You and Your Spouse Eligible for Double State Share?

In order to be eligible for Double State Share (DSS), husband and wife must be either: permanent full-time active State of Delaware employees (regularly scheduled to work 30 or more hours per week) with greater than three full calendar months of State service, or receiving a State pension check. Husband and wife eligible for Double State Share may choose two individual plans, an employee/spouse plan, or a family plan.

No spouse or other dependent may be enrolled more than once under the State of Delaware Group Health Insurance Program. When an employee/spouse or family contract is chosen, the spouse whose birthday occurs first in the calendar year will be the subscriber to the account. In the event the birth dates are the same, the employee with the longest service will be the subscriber to the account.

If you are an employee eligible for Double State Share enrolled under your spouse's plan, choosing the "waive" option during open enrollment does not impact your enrollment.

Delaware Code states that the increment of cost of the options selected by the two employees, which exceeds the cost of two basic family plans, shall be deducted from their salary or pension. Please note: At this time, no two combinations of options which may be chosen exceed the cost of two basic family plans; therefore, there is no cost to the employee eligible for Double State Share.

Make Your Changes By May 24, 2006

You may not make changes at any other time during the year unless you experience a "Qualifying Event." Therefore, if you want to make any changes in your coverage, now is the time to do it.

Qualifying events include, but may not be limited to:

- Birth or adoption of a child
- Marriage
- Divorce
- Employment of spouse
- Involuntary loss of spouse coverage
- Spouse's employment termination
- Child now eligible for coverage
- Death of a spouse or dependent
- Spouse becomes a State of Delaware employee

At any time during the year that a qualifying event occurs, you must contact your organization's Human Resources Office within 30 days of the qualifying event and request to make changes. Pensioners must also complete a new application for all changes within 30 days of a qualifying event.

A complete copy of the State's Group Health Insurance Program Eligibility Rules and Guidelines can be found at www.ben.omb.delaware.gov.



PART IX – Forms & Addenda

Spousal Coordination of Benefits Policy Form



State of Delaware

Spousal Coordination of Benefits Policy Form

PLEASE PRINT ALL INFORMATION REQUESTED

Check Carrier: ☐ Blue Cross ☐ Coventry

YOUR FULL NAME - Last, First, Middle Initial		YOUR HOME PHONE - Include area code	
YOUR SOCIAL SECURITY NUMBER		Are you and your spouse both benefit eligible State of Delaware employees or retirees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPOUSE'S FULL NAME - Last, First, Middle Initial	SPOUSE'S SOCIAL SECURITY NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	SPOUSE'S BIRTH DATE / /

SPOUSE INFORMATION

My spouse is: <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired		
NAME AND ADDRESS OF SPOUSE'S EMPLOYER (If spouse is a benefit eligible State of Delaware employee, simply write State of Delaware in this box and sign/date form)		SPOUSE'S EMPLOYER PHONE NUMBER Include Area Code
Does your spouse's employer offer medical insurance to employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse enrolled in medical insurance through his or her employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not enrolled, what percentage of the premium of the lowest benefit employee only plan would your spouse be required to pay?*
What is the name of your spouse's medical insurance carrier?	What is your spouse's plan policy number? Effective Date:	Annual plan renewal date for your spouse's employer: Month: Day:
Does your spouse's medical plan cover prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your additional comments:	
If you are completing this form due to your spouse's loss of coverage, please indicate the termination date of that coverage. Date:		

AUTHORIZATION

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers:

- This information will be shared with the State of Delaware's plan administrator(s).
- If spouses take advantage of their own employer's medical coverage, their plans pay their benefits first. Then the State of Delaware will pay additional covered expenses, if any, up to the maximum allowed under our employee's family benefit plan, not exceeding a limit of 100% coverage from both plans combined.
- If spouses do not take advantage of their own employer's medical coverage, the State will pay 20% of covered services provided by the employer's family State of Delaware benefit plan.

The policy **does not** apply to:

- spouses not working full time, or
- spouses whose employer does not offer medical coverage, or
- spouses whose employers require a contribution of more than 50% of the premium for the lowest benefit employee only plan available, and
- eligible dependent children.

If any of this information changes, I must complete a new form within 30 days.

Notice to all parties completing this form: To insure benefits are coordinated properly between employers, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and contacting your spouse's employer. It is fraudulent to fill out this form with any information which is false or to omit important facts. Providing false information may result in disciplinary action.

Please return completed form to your organization's Human Resources or Benefits Representative.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Employee's Signature

Date: / /

A complete copy of the State of Delaware's Spousal Coordination of Benefits Policy can be found online at www.ben.omb.delaware.gov.

If applicable, return Spousal Coordination of Benefits form to your Human Resources Office by MAY 24, 2006

**STATE OF DELAWARE
IMPORTANT NOTICE**

COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided to you on behalf of:

**The State of Delaware Employee Health Care Plan
The State of Delaware Employee Dental Care Plan
The State of Delaware Employee Assistance Program
The State of Delaware Employee Flexible Benefits Plan
The State of Delaware Employee Pharmacy Care Plan
The State of Delaware Employee Vision Care Plan**

These plans comprise what is called an “Affiliated Covered Entity,” and are treated as a single plan for purposes of this Notice and the privacy rules that require it. For purposes of this Notice, we’ll refer to these plans as a single “Plan.”

The Plan’s Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for the health care is considered “Protected Health Information” (“PHI”). The Plan is required by law to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required by law to follow the privacy practices described in this Notice currently in effect, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other manner. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan’s Privacy Official, described below), and will be posted on any website maintained by State of Delaware that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices, from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI, and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information.

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan’s uses and disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Treatment: Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it’s important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

Payment: Another important function of the Plan is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan, and your spouse’s plan, and covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

Health care operations: The Plan may use and disclose your PHI in the course of its “health care operations.” For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage.

Forms & Addenda

Privacy Policy & Procedures (cont.)

Other Uses and Disclosures of Your PHI Not Requiring Authorization. The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:

To the Plan Sponsor: The Plan may disclose PHI to the employers (such as State of Delaware) who sponsor or maintain for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage and other disputes related to the Plan's provision of benefits; The State Insurance Department for the purpose of reviewing the state's insured plans.

Required by law: The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order or administrative tribunal. Your PHI may be disclosed for law enforcement purposes under some conditions. It must also disclose PHI to authorities who monitor compliance with these privacy requirements.

For public health activities: The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: The Plan may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research. Research means a systematic investigation designed to develop or contribute to generalized knowledge.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

Uses and Disclosures Requiring Written Authorization: For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. Your authorizations can be revoked in writing at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.

Uses and Disclosures Requiring You to have an Opportunity to Object: The Plan may share PHI with your family, close personal friend or other person involved in your care, or payment for your care. We may also provide PHI about your location, general condition, or death to assist in the notification of a family member, or personal representative or other person responsible for your care. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your protected health information:

To request restrictions on uses and disclosures: You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

To choose how the Plan contacts you: You have the right to ask that the Plan send you information at an alternative address or by an alternative means. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request, in writing, that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or

Forms & Addenda

Privacy Policy & Procedures (cont.)

(iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain about the Plan's Privacy Practices.

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Contact Person for Information, or to Submit a Complaint.

If you have questions about this Notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices or handling of your PHI, please contact the Plan's Privacy Official (see below).

Privacy Official.

The Plan's Privacy Official, the person responsible for ensuring compliance with this Notice, is:

Director, Benefits and Insurance Administration, Office of Management and Budget (OMB)
Telephone Number: (302) 739-8331

The Plan's Deputy Privacy Official(s) is/are:

Human Resources Administrator, Statewide Benefits Unit, OMB (302) 739-8331
Human Resources Manager, Statewide Benefits Unit, OMB (302) 739-8331
Human Resources Specialists, Statewide Benefits Unit, OMB (302) 739-8331
Information Systems Manager, PHRST (302) 739-2260
Human Resources Manager, PHRST Benefits (302) 739-2260

Organized Health Care Arrangement Designation.

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is that it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

The State of Delaware Employee Health Care Plan
The State of Delaware Employee Dental Care Plan
United Concordia Companies, Inc.
Dominion Dental Services, Inc.
The State of Delaware Employee Assistance Program
The State of Delaware Employee Flexible Benefits Plan
The State of Delaware Employee Pharmacy Care Plan
The State of Delaware Employee Vision Care Plan

Effective Date.

The effective date of this Notice is: April 14, 2003.

Last Modified: July 1, 2005

Forms & Addenda

Notice of Creditable Coverage



Office of Management and Budget Statewide Benefits Unit

May 2006

NOTICE OF CREDITABLE COVERAGE

Important Notice from the State of Delaware Group Health Insurance Program about Your Prescription Drug Coverage and Medicare

You may have heard about Medicare's new prescription drug coverage, also known as Medicare Part D, and wondered what this new coverage might mean to you. That is, starting January 1, 2006, new Medicare prescription drug coverage will be available to everyone eligible for Medicare.

We're pleased to let you know that the coverage you have now – provided by the State of Delaware Group Health Insurance Program – is, on average, for all participants (actives and retirees) at least as good as standard Medicare Part D coverage. This is called "creditable coverage."

This letter is your Notice of Creditable Coverage. Be sure to read this notice carefully and keep it in a safe place where you can find it.

Below you will find some answers to questions you may have regarding creditable coverage and how it relates to Medicare Part D plans and Medicare beneficiaries. If you are not eligible for Medicare, the information below is not applicable.

What do I need to do? To stay with your current prescription drug coverage from the State of Delaware, you don't have to do anything. Just keep using the coverage you have now. You can still use the same pharmacy network, you'll keep the same affordable copayments for your prescription drugs and you don't need to go through an enrollment process. You're already enrolled in your current plan, which provides you with coverage that is, on average, at least as good as that offered under Medicare Part D. If you do not want to continue to receive prescription drug coverage from the State of Delaware, you will want to select a commercial Medicare prescription drug plan. A summary of the Medicare plans available to you, as well as how to enroll in one of these plans, can be found on the internet at www.medicare.gov.

Why do I need to keep my notice of creditable coverage? If you are satisfied with your prescription drug coverage from the State of Delaware, just keep using it as you do now. However, if after May 15, 2006, you consider enrolling in one of the many Medicare Part D prescription drug plans, you may be asked for a copy of this notice. This notice will let a Medicare Part D plan know that you have creditable coverage now, and are not required to pay a late enrollment penalty, which could result in a higher premium on your new coverage. Remember, the coverage you have now through the State of Delaware is creditable coverage. That is, your current coverage is, on average, at least as good as that offered by Medicare Part D.

What if I lose my notice of creditable coverage? If you need another copy of your notice of creditable coverage, please call the State Pension Office at 1-800-722-7300 or the Statewide Benefits Office at 302-739- 8331. You may also write to us at:

Statewide Benefits
Blue Hen Corporate Center
655 S. Bay Rd, Suite 202
Dover, DE 19901

Office State Pension Office
McArdle Building
860 Silver Lake Blvd., Ste. 1
Dover, DE 19904-2402

Do I have to enroll in a Medicare Part D plan now? No. You do not have to enroll in a Medicare Part D plan if you are satisfied with your current coverage. But you do have the option to enroll in one of Medicare's many prescription drug plans from November 15, 2005 to May 15, 2006. If you choose to enroll in a Medicare plan, that coverage will be available to you on January 1, 2006 (if you enroll between November 15th and December 31st), or the first of the month after which you join if enrolling between January 1, 2006 through May 15, 2006.

If I enroll in a Medicare prescription drug plan, can I keep my prescription drug plan with the State of Delaware? If you are a Medicare-eligible retiree, you cannot have a Medicare prescription drug plan and retain your coverage with the State of Delaware. If you enroll in a Medicare prescription drug plan, your prescription drug coverage through the State of Delaware will terminate. You will not be able to re-enroll in the State of Delaware's Prescription Drug Program until the state's open enrollment period (usually May in each year).

*If you are a Medicare-eligible active employee, you can keep your prescription drug plan with the State of Delaware and enroll in a Medicare prescription drug plan. In this case, the State of Delaware plan will pay primary and Medicare will pay secondary.*¹

It is important that you compare your current plan, including which drugs are covered, with the coverage and costs of Medicare Part D plans in your area before making these decisions. If you consider enrolling in a Medicare prescription drug plan, check with the State of Delaware Statewide Benefits Office or State Pension Office before you enroll.

What if I drop my coverage with the State of Delaware, but don't enroll in a Medicare Part D plan? If you drop your current coverage but do not enroll in a prescription drug plan approved by Medicare after your current coverage ends, you will have to pay full price for your prescription drugs.

You may also have to pay more for Medicare prescription drug coverage later. If after May 15, 2006 you go for 63 days or longer without coverage that is, on average, at least as good as Medicare's prescription drug coverage, *your monthly premium under a Medicare plan will increase at least 1% for each month that you did not have coverage after May 15, 2006. This increase will be effective as long as you have Medicare prescription coverage.*

Forms & Addenda

Notice of Creditable Coverage Continue and VSP Enrollment Form

For example, if you do not have coverage for 19 months before enrolling in Medicare prescription drug coverage, your Medicare premium will always be **19%** higher than what you would have paid if you had enrolled before May 15, 2006. *Also, you may have to wait until the next November 15 to enroll.*

If I keep my current coverage with the State of Delaware, can I enroll in a Medicare Part D plan later? Yes. Starting January 1, 2006, you will have the opportunity to enroll in a Medicare Part D prescription drug plan every year from November 15 to December 31. *However, if you decide you want to enroll in a Medicare Part D prescription drug plan after December 31, be sure you're covered under your current plan until your Medicare Part D coverage becomes effective.* If you choose to enroll in a Medicare Part D plan without having creditable coverage with another plan like this one, you may have to pay an increased premium, as explained above. If you are a retiree, once you are covered by Medicare Part D, you will not be covered by the prescription plan through the State of Delaware Group Health Insurance Program.

How can I get more information? You will receive a copy of the handbook "Medicare & You 2006" from Medicare. This book contains more detailed information about Medicare plans that offer prescription drug coverage and will be available October 2005.

¹ Please note that plans cannot drop coverage of their active employees who enroll in Part D. Doing so would be a violation of the Medicare Secondary Payer (MSP) rules.

If you would like more information, you can find it by:

- Visiting www.medicare.gov.
- Calling your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number).
- Calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For more information about this extra help, visit the Social Security Administration Web site at www.socialsecurity.gov— or call them at 1-800-772-1213. TTY users should call 1-800-325-0778.

Be sure to keep this notice. You may be asked for a copy of this notice if you enroll in one of the new prescription drug plans approved by Medicare after May 15, 2006. This notice will let your new plan know that you are not required to pay a higher premium amount.

As in all cases, the State of Delaware Group Health Insurance Program reserves the right to modify benefits at any time, in accordance with applicable law.

Sincerely, State of Delaware Group Health Insurance Program

May 2006 Benefits Administrator/ Statewide Benefits Office Office of Management and Budget

655 S. Bay Road

Suite 202 Dover

DE 19901

(302) 739-8331

Photocopy Form and Fax or Mail Back

VSP Enrollment Form

Follow these easy steps to enroll in VSP:

1. Complete, sign and date the form.
2. Fax or mail it to VSP's enrollment administrator, AdminAmerica:
Fax: 216-274-9633
Mail: Photocopy the completed form and mail original in the envelope provided.
3. Questions about enrollment? Call AdminAmerica at 888-508-8855 or e-mail enrollVSP@adminamericaco.com.

After enrolling, your monthly contribution is required for one year.

Your VSP Coverage Please select one:

- ☐ Employee only ☐ Employee + child(ren)
☐ Employee + spouse ☐ Employee + family

Employee Information

Name: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Employee I.D. Number: _____ Date of Birth: _____

Dependent Information

Dependent Name	Date of Birth (Month/Day/Year)	Relationship to Employee (Spouse, Child, etc.)

Employee Signature: _____ Date: _____

Signature Required

Admin **AMERICA**

AdminAmerica
P.O. Box 416
Vermilion, OH 44089

**Your enrollment form
must be faxed or
postmarked no later
than May 24, 2006.**

If enrolling in VSP, fax or mail to AdminAmerica by MAY 24, 2006

Statewide Benefit Health Fairs

Check health fairs for new sites and times this year!!

You are welcome to attend any of the health fairs scheduled at the various site locations if you are enrolled, or eligible to enroll, in the State of Delaware Group Health Insurance Program. Vendors will be on site at each health fair location to answer any questions you may have about the new programs. Health screenings may be available. Directions are available online at www.ben.omb.delaware.gov.

- **Monday, May 8, 2006–10:00 am to 3:00 pm**
Rehoboth Beach Convention Center
229 Rehoboth Avenue
Rehoboth, DE 19971
- **Wednesday, May 10, 2006–10:00 am to 3:00 pm**
Polytech Adult Education Conference Center
823 Walnut Shade Road
Woodside, DE 19980
Looking Glass Restaurant
- **Friday, May 12, 2006–10:00 am to 3:00 pm**
Christiana Fire Company
2 East Main Street
Christiana, DE 19702
Memorial Hall
- **Monday, May 15, 2006–3:00 pm to 7:00 pm**
Chase Center on the Riverfront
800 S. Madison Street
Wilmington, DE 19801
Riverfront Ballroom
- **Wednesday, May 17, 2006–3:00 pm to 7:00 pm**
Delaware State Fairgrounds
South DuPont Highway
Harrington, DE 19952
Dover Building
- **Friday, May 19, 2006–3:00 pm to 7:00 pm**
Delaware Technical and Community College,
Terry Campus
100 Campus Drive
Dover, DE 19901
Education & Technology Building – Room 727

Phone Numbers and Websites

Coventry Health Care of Delaware

(302) 283-6500 or
(800) 833-7423
www.chcde.com

Blue Cross Blue Shield of Delaware

(302) 429-0260 or
(800) 633-2563
www.bcbsde.com

Human Management Services, Inc. (HMS)

(Employee Assistance and Work/Life Program)
(800) 343-2186
www.hmsincorp.com
USERNAME: Delaware
PASSWORD: statehms04

Medco

(800) 939-2142
www.medco.com

United Concordia (Dental)

(866) 604-8488
www.unitedconcordia.com

Dominion Dental Services

(800) 597-7307
www.dominiondental.com

Blood Bank of Delmarva

(302) 737-8405 or
(888) 825-6638
www.delmarvablood.org

Motivano

Statewide Supplemental Benefits Administrator

(800) 664-4603
www.motivano.com
Username: Delaware
Password: Delaware05

CobraServ

(800) 877-7994
www.ceridan-benefits.com

Office of Pensions

(302) 739-4208 or
(800) 722-7300
www.delawarepensions.com

Elder Information

Hotline number
(800) 336-9500

Statewide Benefits Unit Office of Management and Budget

(302) 739-8331
(800) 489-8933
www.ben.omb.delaware.gov



Statewide Benefits Office Mission Statement

Our mission is to provide comprehensive, competitive and cost-effective employee benefits which fulfill state employee needs.